



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2014
OF THE CONDITION AND AFFAIRS OF THE
McLAREN HEALTH PLAN, INC

NAIC Group Code	4700 (Current Period)	4700 (Prior Period)	NAIC Company Code	95562	Employer's ID Number	38-3252216
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	09/12/1997		Commenced Business	08/01/1998		
Statutory Home Office	G-3245 Beecher Rd. (Street and Number)		FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)			
Main Administrative Office			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Mail Address	G-3245 Beecher Rd. (Street and Number or P.O. Box)		FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Internet Website Address	www.mclarenhealthplan.org					
Statutory Statement Contact	CHERYL WESTOBY (Name)		(810)733-9723 (Area Code)(Telephone Number)(Extension)			
	cheryl.westoby@mclaren.org (E-Mail Address)		(810)733-9652 (Fax Number)			

OFFICERS

Name	Title
KATHY KENDALL	President
KEVIN TOMPKINS	Chairman
DON KOOY	Secretary
DAVE MAZURKIEWICZ	Treasurer
CAROL SOLOMON	Assistant Treasurer
KATHY KUDRAY D.O.	Chief Medical Officer

OTHERS

DIRECTORS OR TRUSTEES

KATHY KENDALL RONALD SHAHEEN D.O. DENNIS LAFOREST DAVE MAZURKIEWICZ	DON KOOY KEVIN TOMPKINS PATRICK HAYES LAKISHA ATKINS
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State of Michigan
County of Genesee ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) KATHY KENDALL (Printed Name) 1. President (Title)	(Signature) DAVE MAZURKIEWICZ (Printed Name) 2. Treasurer (Title)	(Signature) CAROL SOLOMON (Printed Name) 3. Assistant Treasurer (Title)
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Subscribed and sworn to before me this _____ day of _____, 2015

a. Is this an original filing?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals						
Group Subscribers:						
STATE OF MICHIGAN	406,409					406,409
LAPEER INDUSTRIES	86,289	72,079				158,368
LANDALL PACKAGING	59,057	4,883		59,803	59,803	63,940
CITY OF FLINT	73,834	11,401	996			86,230
ALBAR INDUSTRIES	48,219					48,219
EVOLVE TELE-SERVICES INC	21,689	23,440				45,129
ETM ENTERPRISES	42,385					42,385
ST VINCENT CATHOLIC CHARITIES	32,808	4,422				37,231
AIR LIFT COMPANY	30,350					30,350
CAMP HOME HEALTH SERVICES INC				29,262	29,262	
JIM WALDRON BUICK	12,476	15,662	310			28,447
EVERGREEN HEALTH SERVICES				22,840	22,840	
C & L WARD BROS	22,273					22,273
LAPEER COUNTY	18,510					18,510
OWOSSO MOTORS INC	18,404					18,404
FERGUSON CONVALESCENT HOME INC	15,769	1,081				16,850
BUD KOUTS CHEVROLET	16,462					16,462
FIRST CHURCH OF THE NAZARENE LANSING				12,947	12,947	
DUCKETT BROTHERS DISTRUBUTING INC				12,614	12,614	
INDEPENDENT WINDOW REPAIR				12,379	12,379	
PRO BOWL INC.				12,295	12,295	
BHARAT FORGE AMERICA INC				11,929	11,929	
0299997 Subtotal - Group Subscribers:	904,935	132,967	1,305	174,068	174,068	1,039,207
0299998 Premiums due and unpaid not individually listed	442,502	174,105	62,404	386,844	386,844	679,011
0299999 TOTAL Group	1,347,437	307,071	63,709	560,912	560,912	1,718,218
0399999 Premiums due and unpaid from Medicare entities	9,701					9,701
0499999 Premiums due and unpaid from Medicaid entities	64,326					64,326
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	1,421,465	307,071	63,709	560,912	560,912	1,792,245

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables						
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
MATERNITY CASE RATE RECEIVABLE	2,425,212	429,686	329,380	1,132,968		4,317,247
MEDICARE PART D - P2P				69	69	
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables	2,425,212	429,686	329,380	1,133,038	69	4,317,247
0799999 Gross health care receivables	2,425,212	429,686	329,380	1,133,038	69	4,317,247

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables .....	.....	.....	.....	.....	.....	.....
2. Claim overpayment receivables .....	.....	.....	.....	.....	.....	.....
3. Loans and advances to providers .....	.....	.....	.....	.....	.....	.....
4. Capitation arrangement receivables .....	.....	.....	.....	.....	.....	.....
5. Risk sharing receivables .....	.....	.....	.....	.....	.....	.....
6. Other health care receivables	2,825,755	27,391,783	69	4,317,247	2,825,824	2,975,796
7. TOTALS (Lines 1 through 6)	2,825,755	27,391,783	69	4,317,247	2,825,824	2,975,796

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
BRONSON METHODIST HOSPITAL - KALAMAZOO		48,950				48,950
DMC CHILDRENS HOSPITAL OF MICHIGAN					43,120	43,120
HURLEY MEDICAL CENTER			69,232			69,232
MUNSON MEDICAL CENTER	13,880					13,880
SPARROW HOSPITALZOO	95,140				58,194	153,334
SPECTRUM HEALTH BLODGETT CAMPUS	54,883				27,348	82,232
SPECTRUM HEALTH BUTTERWORTH HOSPITAL					54,883	54,883
UNIVERSITY OF MICHIGAN	219,542	19,581				239,123
0199999 Total - Individually Listed Claims Unpaid	383,445	68,531	69,232		183,546	704,753
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	23,466,552	75,211	72,833	20,713	158,699	23,794,009
0499999 Subtotals	23,849,997	143,743	142,065	20,713	342,245	24,498,762
0599999 Unreported claims and other claim reserves						67,981,899
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						92,480,661
0899999 Accrued Medical Incentive Pool and Bonus Amounts						2,742,716

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
MCLAREN HEALTH CARE CORPORATION	119,995			11,879	11,879	119,995	
MCLAREN REGIONAL MEDICAL CENTER	20,062					20,062	
HEALTH ADVANTAGE	1,466,257					1,466,257	
0199999 Total - Individually listed receivables	1,606,315			11,879	11,879	1,606,314	
0299999 Receivables not inidividually listed							
0399999 TOTAL Gross Amounts Receivable	1,606,315			11,879	11,879	1,606,314	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
MCLAREN HEALTH CARE CORPORATION	PROFESSIONAL SERVICES	1,609,174	1,609,174	
MCLAREN REGIONAL MEDICAL CENTER	PROFESSIONAL SERVICES	23,728	23,728	
HEALTH ADVANTAGE	PROFESSIONAL SERVICES	877,813	877,813	
0199999 Total - Individually Listed Payables	X X X	2,510,716	2,510,716	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	2,510,716	2,510,716	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	135,829,383	21.769	191,713	100.000		135,829,383
2.	Intermediaries						
3.	All other providers						
4.	TOTAL Capitation Payments	135,829,383	21.769	191,713	100.000		135,829,383
Other Payments:							
5.	Fee-for-service	233,535	0.037	X X X	X X X		233,535
6.	Contractual fee payments	487,891,816	78.193	X X X	X X X	456,853,886	31,037,930
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	488,125,351	78.231	X X X	X X X	456,853,886	31,271,465
13.	TOTAL (Line 4 plus Line 12)	623,954,734	100.000	X X X	X X X	456,853,886	167,100,848

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 TOTALS			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	1,495,595	.....	1,144,026	.....	351,569	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL	1,495,595	.....	1,144,026	.....	351,569	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code 4700 NAIC Company Code 95562

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	158,575	3,004	29,564					506	125,501	
2. First Quarter	163,606	4,612	28,900					541	129,553	
3. Second Quarter	192,245	7,069	28,210					514	156,452	
4. Third Quarter	189,541	8,006	26,894					476	154,165	
5. Current Year	191,713	8,623	27,347					407	155,336	
6. Current Year Member Months	2,178,364	80,642	338,774					5,953	1,752,995	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,395,366	47,025	197,550					3,895	1,146,896	
8. Non-Physician	282,989	8,045	33,795					816	240,333	
9. TOTAL	1,678,355	55,070	231,345					4,711	1,387,229	
10. Hospital Patient Days Incurred	156,777	1,337	10,567					2,274	142,599	
11. Number of Inpatient Admissions	35,950	267	2,439					398	32,846	
12. Health Premiums Written (b)	727,561,594	19,829,453	99,751,527					7,360,967	600,619,646	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	727,561,594	19,829,453	99,751,527					7,360,967	600,619,646	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	623,954,734	16,284,534	96,455,820					9,455,540	501,758,841	
18. Amount Incurred for Provision of Health Care Services	650,137,376	17,794,240	99,863,372					9,271,952	523,207,812	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....7,360,967



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 4700 NAIC Company Code 95562

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	158,575	3,004	29,564					506	125,501	
2. First Quarter	163,606	4,612	28,900					541	129,553	
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10. Hospital Patient Days Incurred	156,777	1,337	10,567					2,274	142,599	
11. Number of Inpatient Admissions	35,950	267	2,439					398	32,846	
12. Health Premiums Written (b)	727,561,594	19,829,453	99,751,527					7,360,967	600,619,646	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	727,561,594	19,829,453	99,751,527					7,360,967	600,619,646	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	623,954,734	16,284,534	96,455,820					9,455,540	501,758,841	
18. Amount Incurred for Provision of Health Care Services	650,137,376	17,794,240	99,863,372					9,271,952	523,207,812	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....7,360,967

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
9999999 Total (Sum of 0799999 and 1099999)

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity .....					.....	.....
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
11835	04-1590940 ...	01/01/2014	PARTNERRE AMER INS CO	DE	579,316 .....	.....
00000	AA-9990032 ...	01/01/2014	US Dept of Hlth & Human Serv	DC	1,307,754 .....	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					1,887,071 .....	.....
2199999 Total - Accident and Health - Non-Affiliates					1,887,071 .....	.....
2299999 Total - Accident and Health					1,887,071 .....	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					1,887,071 .....	.....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....					.....	.....
9999999 Total (Sum of 1199999 and 2299999)					1,887,071 .....	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	04-1590940	01/01/2014	PARTNERRE AMER INS CO	DE	SSL/L/I	SLEL	2,800,946	.....	.....	.....	.....	.....	.....
00000	AA-9990032	01/01/2014	US Dept of Hlth & Human Serv	DC	OTH/L/I	I/OTH	182,018	.....	.....	.....	.....	.....	.....
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							2,982,964	.....	.....	.....	.....	.....	.....
1099999 Total - General Account - Authorized - Non-Affiliates							2,982,964	.....	.....	.....	.....	.....	.....
1199999 Total - General Account Authorized							2,982,964	.....	.....	.....	.....	.....	.....
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total .....								.....	.....	.....	.....	.....	.....
2299999 Total - General Account - Unauthorized .....								.....	.....	.....	.....	.....	.....
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total .....								.....	.....	.....	.....	.....	.....
3399999 Total - General Account - Certified .....								.....	.....	.....	.....	.....	.....
3499999 Total - General Account - Authorized, Unauthorized and Certified							2,982,964	.....	.....	.....	.....	.....	.....
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total .....								.....	.....	.....	.....	.....	.....
4599999 Total - Separate Accounts - Authorized .....								.....	.....	.....	.....	.....	.....
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total .....								.....	.....	.....	.....	.....	.....
5699999 Total - Separate Accounts - Unauthorized .....								.....	.....	.....	.....	.....	.....
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total .....								.....	.....	.....	.....	.....	.....
6699999 Total - Separate Accounts - Certified - Non-Affiliates .....								.....	.....	.....	.....	.....	.....
6799999 Total - Separate Accounts - Certified .....								.....	.....	.....	.....	.....	.....
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified .....								.....	.....	.....	.....	.....	.....
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599993, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							2,982,964	.....	.....	.....	.....	.....	.....
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999) .....								.....	.....	.....	.....	.....	.....
9999999 Total (Sum of 3499999 and 6899999)							2,982,964	.....	.....	.....	.....	.....	.....

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums	2,145	1,871	1,636	1,131	847
2. Title XVIII-Medicare	17	15	22		
3. Title XIX - Medicaid	821	590	654	358	372
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	1,887	290	170	353	448
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers				X X X	X X X
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust				X X X	X X X
18. Funds deposited by and withheld from (F)				X X X	X X X
19. Letters of credit (L)				X X X	X X X
20. Trust agreements (T)				X X X	X X X
21. Other (O)				X X X	X X X

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	160,258,035		160,258,035
2. Accident and health premiums due and unpaid (Line 15)	1,792,245		1,792,245
3. Amounts recoverable from reinsurers (Line 16.1)	1,887,070		1,887,070
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	7,418,350		7,418,350
6. TOTAL Assets (Line 28)	171,355,699		171,355,699
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	92,480,661		92,480,661
8. Accrued medical incentive pool and bonus payments (Line 2)	2,742,716		2,742,716
9. Premiums received in advance (Line 8)	2,959,411		2,959,411
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	20,112,879		20,112,879
15. TOTAL Liabilities (Line 24)	118,295,667		118,295,667
16. TOTAL Capital and Surplus (Line 33)	53,060,033	X X X	53,060,033
17. TOTAL Liabilities, Capital and Surplus (Line 34)	171,355,700		171,355,700
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

41

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
		00000	38-2397643				McLaren HealthCare Corp	US	UDP					
		00000	38-3491714				McLaren HomeCare Group	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Visiting Nurse and Hospice	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Home Medical	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Pharmacy Services	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2988086				McLaren Medical Group	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3255499				Regional EMS	US	NIA	McLaren Medical Group	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2383119				McLaren Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1358053				The McLaren Foundation	US	NIA	McLaren Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1976271				Bay Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3161753				Bay Special Care Hospital	US	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2156534				Bay Medical Foundation	US	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1434090				Ingham Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1434090				Ingham Regional Orthopedic Hospital	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2463637				Ingham Foundation	US	NIA	Ingham Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1559180				Eaton Repids Medical Center	US	NIA	Ingham Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1428164				POH Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	20-0442217				The Riley Foundation	US	NIA	POH Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3136458				Physician Organized HealthCare System	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2895426				Lake Orion Nursing Center	US	NIA	POH Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1420304				Central Michigan Community Hosital	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1420304				Central Michigan Community Hospital Foundation	US	NIA	McLaren HealthCare Corp	Ownership	100.0	Corporation	
		00000	38-3226022				Meridian Ventures, Inc.	US	NIA	Central Michigan Community Hospital	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2689033				Lapeer Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2689603				Lapeer Regional Medical Center Foundation	US	NIA	Lapeer Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1218516				Mount Clemens Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
4700		00000	38-2578873				Mount Clemens Regional HealthCare Foundation	US	NIA	Mount Clemens Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	91-2141720				McLaren Health Advantage	US	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	
		14217	27-2204037				McLaren Health Plan Community	US	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	
		00000					McLaren Insurance Company LTD.	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1613280				Karmanos Cancer Institute	US	NIA	McLaren HealthCare Corp	Ownership	100.0		
		00000	20-1649466				Karmanos Cancer Center	US	NIA	Karmanos Cancer Institute	Ownership	100.0		
		00000	38-1369611				McLaren Port Huron	US	NIA	McLaren HealthCare Corp	Ownership	100.0		
		00000	38-2777750				Port Huron Hospital Foundation	US	NIA	McLaren Port Huron	Ownership	100.0		

Asterisk	Explanation
0000001	

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	382397643 ..	MCLAREN HEALTH CARE CORPORATION .....	.....	.....	.....	.....	.....	4,291,216	.....	.....	4,291,216	.....
.....	75-2847104 ..	ANTHELIO HEALTHCARE SOLUTIONS .....	.....	.....	.....	.....	.....	391,621	.....	.....	391,621	.....
95562 ..	38-3252216 ..	MCLAREN HLTH PLAN INC .....	.....	.....	.....	.....	.....	4,567,925	.....	.....	4,567,925	.....
.....	38-2383119 ..	MCLAREN REGIONAL MEDICAL CENTER .....	.....	.....	.....	.....	.....	12,733	.....	.....	12,733	.....
.....	91-2141720 ..	HEALTH ADVANTAGE INC. ....	.....	.....	.....	.....	.....	(9,263,475)	.....	.....	(9,263,475)	.....
14217 ..	27-2204037 ..	MCLAREN HLTH PLAN COMM .....	.....	.....	.....	.....	.....	(20)	.....	.....	(20)	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
 - 2. Will an actuarial opinion be filed by March 1? Yes
 - 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
 - 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
- APRIL FILING
- 5. Will Management's Discussion and Analysis be filed by April 1? Yes
 - 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
 - 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
- JUNE FILING
- 8. Will an audited financial report be filed by June 1? Yes
 - 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
- AUGUST FILING
- 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
 - 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
 - 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
 - 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
 - 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
 - 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
 - 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
 - 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No
- APRIL FILING
- 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
 - 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
 - 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No
 - 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
 - 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes
- AUGUST FILING
- 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Yes

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit

9556220143600000 2014 Document Code: 360

Health Life Supplement

9556220142050000 2014 Document Code: 205

Health Property / Casualty Supplement

9556220142070000 2014 Document Code: 207

Schedule SIS

9556220144200000 2014 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

9556220143710000 2014 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

9556220143700000 2014 Document Code: 370

Medicare Part D Coverage Supplement

9556220143650000 2014 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner

9556220142240000 2014 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA

9556220142250000 2014 Document Code: 225

Approval for Relief related to Require. for Audit Committees

9556220142260000 2014 Document Code: 226

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

LTC Supplemental Interrogatorries



95562201430600000

2014

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



95562201421100000

2014

Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



95562201421300000

2014

Document Code: 213

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1104. OTHER INVESTMENT DEFERRED COMPENSATION	229,841		229,841	184,565
1105. SELF INS TRUST FUND CTF	129,339		129,339	107,942
1106. RISK CORRIDOR RECEIVABLE	85,507		85,507	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	444,687		444,687	292,508
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)				

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
0604.	X X X		
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X		
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)	X X X		
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)			
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)			

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Community Support	1,617	6,894	24,225		32,736
2505. Repairs	74	315	1,108		1,498
2506. Bad Debt Expense			51,083		51,083
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	1,691	7,210	76,416		85,317

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1104.			
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)			
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)			

INDEX TO HEALTH
ANNUAL STATEMENT

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23

INDEX TO HEALTH
ANNUAL STATEMENT

Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 3 - Special Deposits	E28
Schedule E - Verification Between Years	SI15
Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6	36
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14